

**Youth Services
Daily Tool Control Inventory**

Location: _____

Week of: _____

Tool Classification	Description of Tool	Qty	Tool #	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			Date:							
				Off						Off
				Off						Off
				Off						Off
				Off						Off
				Off						Off
				Off						Off
				Off						Off
				Off						Off
				Off						Off
				Off						Off
				Off						Off
				Off						Off
				Off						Off
				Off						Off
Staff's Initials:										

Condition of Tools: ☐ Good ☐ Broken Identify: _____

Missing Tools: ☐ Yes ☐ No Identify: _____

All Tools are marked with an identifying number in accordance with the Master Inventory? ☐ Yes ☐ No

The check marks above verify that all tools are present and accounted for in accordance with the Master Inventory. ☐ Yes ☐ No

Comments: _____

Staff's Signature: _____

Date: _____